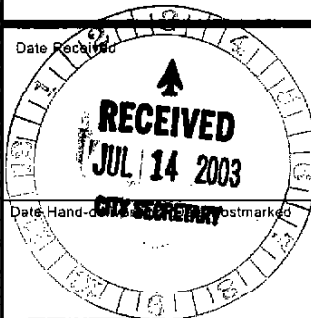


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 3
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI ALOYSIUS NICKNAME LAST SUFFIX HOANG		OFFICE USE ONLY  Date Received Date Hand-delivered Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1900 N. LOOP WEST, #500 HOUSTON, TEXAS 77018		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI MELISA NICKNAME LAST SUFFIX HOANG		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 8877 HOUSTON, TX 77249		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 446-5852		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 05 / 31 / 03 06 / 30 / 03		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 11 / 04 / 03		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) COUNCILMAN AT LARGE, #5	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name N/A Address / PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****14 C/OH NAME**ALOYSIUS HOANG**15 ACCOUNT #** (Ethics Commission filers)**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE☐ **GENERAL**☐ **SPECIFIC****COMMITTEE NAME**N/A**COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**17 NO REPORTABLE
ACTIVITY**☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ N/A2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ N/A**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ N/A

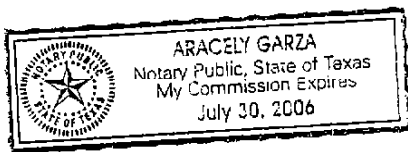
4. TOTAL POLITICAL EXPENDITURES

\$ 8,117.70**OUTSTANDING
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 8,117.70**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ALOYSIUS HOANG, this the 14 day of JULY, 20 03, to certify which, witness my hand and seal of office.

Aracely Garza
Signature of officer administering oathAracely Garza
Printed name of officer administering oath

Title of officer administering oath



**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME <i>ALOYSIUS HOANG</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>6/10/03</i>	5 Payee name <i>UNITED STATES POSTAL SERVICE</i> 6 Payee address; City; State; Zip Code <i>ANSON JONES STATION, HOUSTON, TX 77009</i> 7 Purpose of expenditure (See instructions regarding type of information required.) <i>POSTAL BOX SERVICE FEE</i>	8 Amount (\$) <i>\$74.40</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>6/08/03</i>	Payee name <i>WAL-MART</i> Payee address; City; State; Zip Code <i>PEARLAND, TX</i> Purpose of expenditure (See instructions regarding type of information required.) <i>SUPPLIES FOR SIGNS</i>	Amount (\$) <i>\$86.92</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>6/13/03</i>	Payee name <i>SPRINT DIGITAL PRINT</i> Payee address; City; State; Zip Code <i>10100 CLAY ROAD, STE C HOUSTON, TX 77080</i> Purpose of expenditure (See instructions regarding type of information required.) <i>SIGNS</i>	Amount (\$) <i>\$1,407.25</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>6/26/03</i>	Payee name <i>SPRINT DIGITAL PRINT</i> Payee address; City; State; Zip Code <i>10100 CLAY ROAD, STE C HOUSTON, TX 77080</i> Purpose of expenditure (See instructions regarding type of information required.) <i>SIGNS</i>	Amount (\$) <i>\$2,570.94</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>6/30/03</i>	Payee name <i>SPRINT DIGITAL PRINT</i> Payee address; City; State; Zip Code <i>10100 CLAY ROAD, STE C HOUSTON, TX 77080</i> Purpose of expenditure (See instructions regarding type of information required.) <i>SIGNS</i>	Amount (\$) <i>\$3,978.19</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		